



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
REAL ESTATE COMMISSION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

REQUEST FOR REACTIVATION OF A DELAWARE REAL ESTATE LICENSE

INSTRUCTIONS

Complete this form if your Broker or Salesperson license is in **Inactive status** and you wish to return it to **Active status** so that you can resume practicing in Delaware. If your Broker or Salesperson license is in *Lapsed-Must Reinstate status*, you must apply to reinstate it. Do not complete this form. Instead, use the *Application for Reinstatement of a Real Estate License*.

- ☐ Complete and sign form.
- ☐ Arrange for Broker of Record to sign OFFICE INFORMATION section.
- ☐ Enclose reactivation fee of \$16 by check or money order made payable to "State of Delaware."
 - Requests received without this fee will be rejected.
 - *Depending on how long your license has been inactive*, you may also owe the renewal fee for an active license. The Board office will notify you after reviewing your license history.
- ☐ If you are reactivating a *Nonresident* license, obtain and enclose a current Certificate of Licensure History from the state where your office is located.
- ☐ Enclose copies of completion certificates for the continuing education (CE) due.
 - See Section 8.0 of the Commission's [Rules and Regulations](#), available at www.dpr.delaware.gov.

IDENTIFYING AND CONTACT INFORMATION

1. I wish to reactivate Delaware license number R____-_____.
2. Name: _____
Last First Middle
3. **Personal** Address: _____

City State Zip
4. Phone: _____ 5. Email: _____
5. Social Security Number: _____

DISCLOSURES

6. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any offense for which you have received a pardon, in any jurisdiction since your last renewal? Yes ☐ No ☐ **If yes, submit a certified copy of your criminal history record.**
7. Do you hold a license in any other jurisdiction? Yes ☐ No ☐ **If yes, enter all states where you hold a license:**

8. Since your last renewal, have you received any administrative penalties regarding your licensed practice, including but not limited to fines, formal reprimands, license suspensions or revocation (except for revocation for nonpayment of license renewal fees), probationary limitations, or have ever entered into any consent agreements, or surrendered a license voluntarily? Yes ☐ No ☐ **If yes, submit a letter giving a complete explanation.**

OFFICE INFORMATION - The name and address of your office will be the mailing address on the reactivated license.

9. **Company Name:** _____

10. **Office Address:** _____

City State Zip

BROKER OF RECORD

Broker Name: _____
Last First Middle Initial

Delaware Broker License Number: _____

I agree to sponsor the above licensee who will be associated with my office when the license is reactivated.

Broker Signature: _____ **Date:** _____

I certify that the information I have provided is true.

Licensee Signature: _____ **Date:** _____